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PTO/SB/05 (11-00)  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 650770.90112

First Inventor John J. Hahn

Title GRIP CAP

Express Mail Label No. EV 286258758 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 10]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 2]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

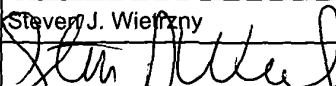
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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|---|--|--------------------------|--|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b> |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       |  |
|   |  | Filing Date              |  |
|   |  | First Named Inventor     |  |
|   |  | Examiner Name            |  |
|   |  | Group Art Unit           |  |
| TOTAL AMOUNT OF PAYMENT   |  | Attorney Docket No.      |  |
| (\$ ) 790.00  |  | 650770.90112             |  |

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued)  |              |              |  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
|---|--|--------------|--------------|--|-----------------|--------------|----------|-----------------|----------|-----------------|----------|----------|----------|----------|--------------------|--------|------|------|------|-------------------------------------|-------------------|------|------|------|------|--|------------------|------|------|------|------|---------------------------|--------------------|------|-------|------|-------|--|------------------------|------|---------------------|------|-----|--|--|--------------|--------------|------|--------------|---|----------------|------|----------|------|----|--|--|------|-----|------|-----|---|-------------|------|-------|------|-----|--|---|------|--------------------|------|-------|---|---|------|-------|------|--------------|--|--------------|------|-----------------|----------|----------|------------------|----------|----------|------|------|------|--|------------------------|------|------|------|------|--------------------------|-----------------------------------|------|-------|------|-------|---|---------------------------------------|------|------|------|------|----------------------------------|--|------|-------|------|------|------------------------------------|--|------|---------------------|------|-----|--------------------------------|--|------------|--|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|-------------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 17-0055<br>Deposit Account Name: Quarles & Brady LLP<br>The Commissioner is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Large Entity</th> <th colspan="4">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2050</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920</td><td>1804</td><td>920</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840</td><td>1805</td><td>1,840</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: center;">(\$ ) 40.00</td> </tr> </tbody> </table> | Large Entity |              |  |                 | Small Entity |          |                 |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 1051   | 130  | 2050 | 65   | Surcharge - late filing fee or oath |                   | 1052 | 50   | 2052 | 25   | Surcharge - late provisional filing fee or cover sheet |                  | 1053 | 130  | 1053 | 130  | Non-English specification |                    | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |                        | 1804 | 920                 | 1804 | 920 | Requesting publication of SIR prior to Examiner action |  | 1805         | 1,840        | 1805 | 1,840        | Requesting publication of SIR after Examiner action |                | 1251 | 110      | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |             | 1253 | 930   | 2253 | 465 | Extension for reply within third month |   | 1254 | 1,450              | 2254 | 725   | Extension for reply within fourth month |   | 1255 | 1,970 | 2255 | 985          | Extension for reply within fifth month |              | 1401 | 320             | 2401     | 160      | Notice of Appeal |          | 1402     | 320  | 2402 | 160  | Filing a brief in support of an appeal |                        | 1403 | 280  | 2403 | 140  | Request for oral hearing |                                   | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |                                       | 1452 | 110  | 2452 | 55   | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650  | Petition to revive - unintentional |  | 1501 | 1,300               | 2501 | 650 | Utility issue fee (or reissue) |  | 1502       | 470  | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | (\$ ) 40.00 |
| Large Entity  |  |              |              | Small Entity   |                 |              |          | Fee Description | Fee Paid |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Fee Code  | Fee (\$)   | Fee Code     | Fee (\$)     |  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1051  | 130  | 2050         | 65           | Surcharge - late filing fee or oath  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1052  | 50   | 2052         | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1053  | 130  | 1053         | 130          | Non-English specification  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1812  | 2,520  | 1812         | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1804  | 920  | 1804         | 920          | Requesting publication of SIR prior to Examiner action                     |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1805  | 1,840  | 1805         | 1,840        | Requesting publication of SIR after Examiner action                        |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1251  | 110  | 2251         | 55           | Extension for reply within first month                                     |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1252  | 410  | 2252         | 205          | Extension for reply within second month                                    |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1253  | 930  | 2253         | 465          | Extension for reply within third month                                     |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1254  | 1,450  | 2254         | 725          | Extension for reply within fourth month                                    |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1255  | 1,970  | 2255         | 985          | Extension for reply within fifth month                                     |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1401  | 320  | 2401         | 160          | Notice of Appeal   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1402  | 320  | 2402         | 160          | Filing a brief in support of an appeal                                     |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1403  | 280  | 2403         | 140          | Request for oral hearing   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1451  | 1,510  | 1451         | 1,510        | Petition to institute a public use proceeding                              |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1452  | 110  | 2452         | 55           | Petition to revive - unavoidable   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1453  | 1,300  | 2453         | 650          | Petition to revive - unintentional   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1501  | 1,300  | 2501         | 650          | Utility issue fee (or reissue)   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1502  | 470  | 2502         | 235          | Design issue fee   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1503  | 630  | 2503         | 315          | Plant issue fee  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1460  | 130  | 1460         | 130          | Petitions to the Commissioner  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1807  | 50   | 1807         | 50           | Processing fee under 37 CFR 1.17(q)  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1806  | 180  | 1806         | 180          | Submission of Information Disclosure Stmt                                  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 8021  | 40   | 8021         | 40           | Recording each patent assignment per property (times number of properties) | 40.00           |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1809  | 750  | 2809         | 375          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1810  | 750  | 2810         | 375          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1801  | 750  | 2801         | 375          | Request for Continued Examination (RCE)                                    |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1802  | 900  | 1802         | 900          | Request for expedited examination of a design application                  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Other fee (specify) _____   |  |              |              |  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| <b>SUBTOTAL (3)</b>   |  |              |              |  | (\$ ) 40.00     |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: center;">(\$ ) 750.00</td> </tr> </tbody> </table> <h3>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Independent</td> <td>17</td> <td>-34**</td> <td>= 0</td> <td>X</td> <td></td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td>3</td> <td>-3***</td> <td>= 0</td> <td>X</td> <td></td> <td>=</td> <td>0.00</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center;">(\$ ) 0.00</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> | Large Entity   |              | Small Entity |  | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$)        | 1001     | 750      | 2001     | 375      | Utility filing fee | 750.00 | 1002 | 330  | 2002 | 165                                 | Design filing fee |      | 1003 | 520  | 2003 | 260  | Plant filing fee |      | 1004 | 750  | 2004 | 375                       | Reissue filing fee |      | 1005  | 160  | 2005  | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |      |     |  |  | (\$ ) 750.00 | Total Claims |      | Extra Claims |   | Fee from below |      | Fee Paid |      |    |  |  |      |     |      |     |   | Independent | 17   | -34** | = 0  | X   |  | = | 0.00 | Multiple Dependent | 3    | -3*** | = 0                                     | X |      | =     | 0.00 | Large Entity |  | Small Entity |      | Fee Description | Fee Paid | Fee Code | Fee (\$)         | Fee Code | Fee (\$) | 1202 | 18   | 2202 | 9                                      | Claims in excess of 20 |      | 1201 | 84   | 2201 | 42                       | Independent claims in excess of 3 |      | 1203  | 280  | 2203  | 140   | Multiple dependent claim, if not paid |      | 1204 | 84   | 2204 | 42                               | ** Reissue independent claims over original patent |      | 1205  | 18   | 2205 | 9                                  | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |     |                                |  | (\$ ) 0.00 | <p style="font-size: x-small;">*Reduced by Basic Filing Fee Paid</p> |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Large Entity  |  | Small Entity |              | Fee Description  |                 |              | Fee Paid |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Fee Code  | Fee (\$)   | Fee Code     | Fee (\$)     |  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1001  | 750  | 2001         | 375          | Utility filing fee   | 750.00          |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1002  | 330  | 2002         | 165          | Design filing fee  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1003  | 520  | 2003         | 260          | Plant filing fee   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1004  | 750  | 2004         | 375          | Reissue filing fee   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1005  | 160  | 2005         | 80           | Provisional filing fee   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| <b>SUBTOTAL (1)</b>   |  |              |              |  | (\$ ) 750.00    |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Total Claims  |  | Extra Claims |              | Fee from below   |                 | Fee Paid     |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
|   |  |              |              |  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Independent   | 17   | -34**        | = 0          | X  |                 | =            | 0.00     |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Multiple Dependent  | 3  | -3***        | = 0          | X  |                 | =            | 0.00     |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Large Entity  |  | Small Entity |              | Fee Description  | Fee Paid        |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Fee Code  | Fee (\$)   | Fee Code     | Fee (\$)     |  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1202  | 18   | 2202         | 9            | Claims in excess of 20   |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1201  | 84   | 2201         | 42           | Independent claims in excess of 3  |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1203  | 280  | 2203         | 140          | Multiple dependent claim, if not paid                                      |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1204  | 84   | 2204         | 42           | ** Reissue independent claims over original patent                         |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 1205  | 18   | 2205         | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| <b>SUBTOTAL (2)</b>   |  |              |              |  | (\$ ) 0.00      |              |          |                 |          |                 |          |          |          |          |                    |        |      |      |      |                                     |                   |      |      |      |      |  |                  |      |      |      |      |                           |                    |      |       |      |       |  |                        |      |                     |      |     |  |  |              |              |      |              |   |                |      |          |      |    |  |  |      |     |      |     |   |             |      |       |      |     |  |   |      |                    |      |       |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |      |      |      |  |                        |      |      |      |      |                          |                                   |      |       |      |       |   |                                       |      |      |      |      |                                  |  |      |       |      |      |                                    |  |      |                     |      |     |                                |  |            |  |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |

|                   |                   |                                   |              |
|-------------------|-------------------|-----------------------------------|--------------|
| SUBMITTED BY      |                   | Complete (if applicable)          |              |
| Name (Print/Type) | Steven J. Wietzky | Registration No. (Attorney/Agent) | 44,402       |
| Signature         |                   | Telephone                         | 414-277-5415 |
|                   |                   | Date                              | 7/17/03      |

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